

12/11/98
2:00 PM
P. 51124

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 51124

A 49482-R

DISTRICT _____

DATE 12/1/98

DATE SYSTEM APPROVED 12/1/98

INSPECTOR DCS

01-35124

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

INDEXED

Jack Fyock Septic Services IS PERMITTED TO INSTALL ALTER _____

ADDRESS P. O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Warfields Grant, Sec. II LOT 20 ROAD 16036 Fields End Court

PROPERTY OWNER Trinity Custom Homes, Inc.

ADDRESS _____ **BUILDING PERMIT SIGNED**

SEPTIC TANK CAPACITY 1250 GALLONS **AND RETURNED**
3/22/04 800146714-DECK

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 195 feet off the front lot line and 20 feet off the 162.62' lot line. Run trenches along contour towards the rear lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK Km 9/17/98

PLANS APPROVED BY Glen Savage DATE 9-10-98

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

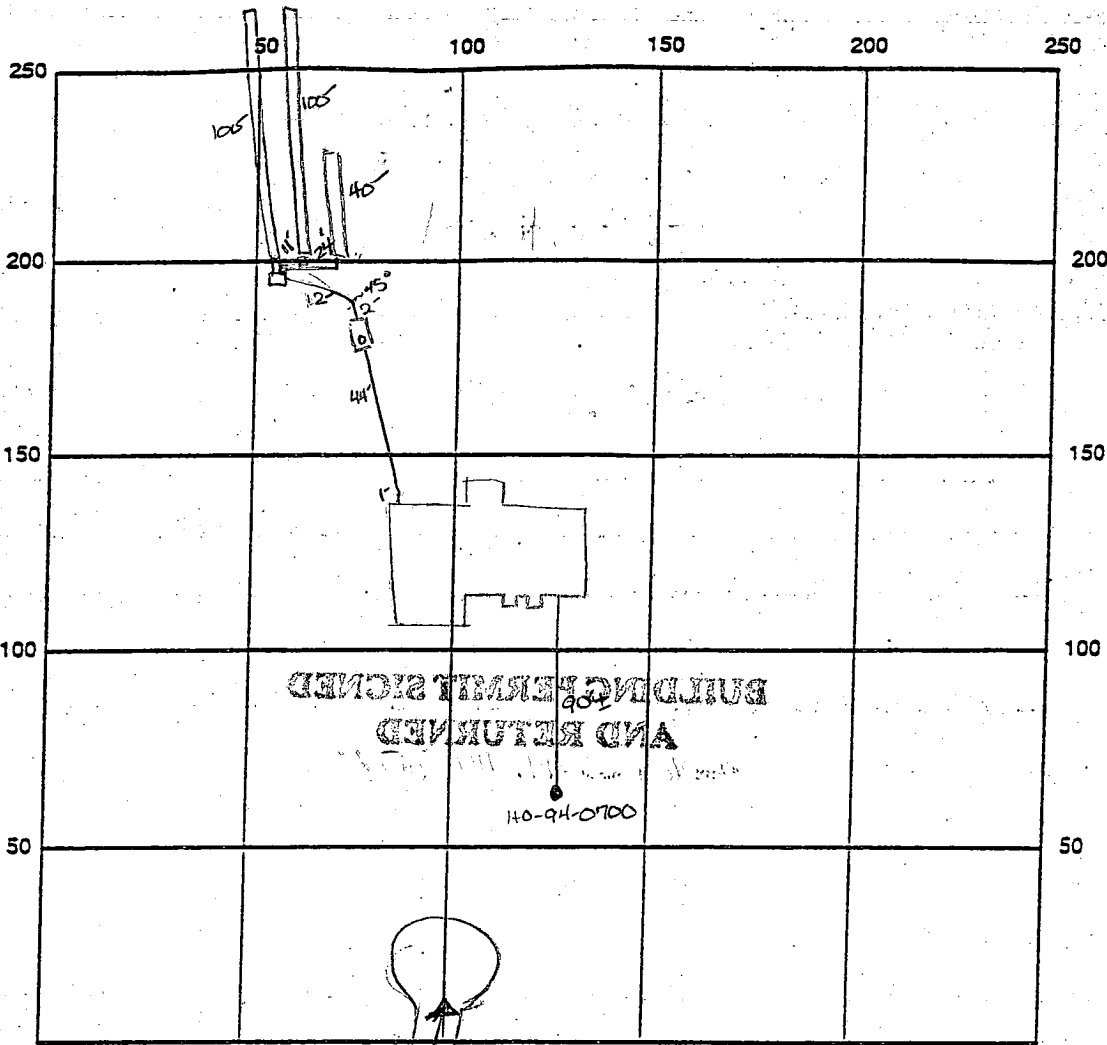
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A 49482-R



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Field's Final Court

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on sit.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 2x100 1x40 FT. → 240

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER 7 FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 12/1/98 FINAL INSP - OK to cover all work. DKS

DATE SYSTEM APPROVED 12/1/98 INSPECTOR DONALD GOE

C1 2858 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A49482-R

ST/CO USE ONLY DATE RECEIVED 10/16/95

DATE WELL COMPLETED 10/26/95

Depth of Well 345 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-0700

OWNER Carmen Associates last name Fields first name END ROAD TOWN Lisbon SUBDIVISION Warfields Grant SECTION II LOT 20

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: BROWN SHALE 0 85, Blue Rock 85 345.

GROUTING RECORD (Yes/No) Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 24 NO. OF POUNDS 2256 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 72 ft.

CASING RECORD (casing types insert appropriate code below) ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) SF 6 89

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD (screen type or open hole insert appropriate code below) ST BR HO PL OT STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 24

DRILLERS SIGNATURE Joseph L. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) Ho 87 345

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 001.8

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 298 ft.

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

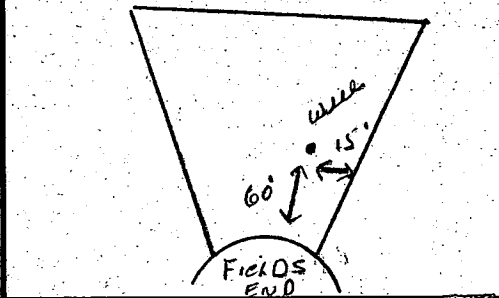
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0700
 Location of property (road) Shields End Rd.
 Subdivision Worsheds, Casant Lot 20 Block _____ Plat _____ Sec. 11
 Well Driller Joseph Marple Owner Corman Ass -

Depth of well 345'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 39'

I. High rate pumping -- reservoir drawdown

Time pump started 6:50 Pumping rate 159 gpm
 Total time 45 min to reach pumping water level 298 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:05	138	4 sec.	—	159 gpm
7:20	235	4		15
7:35	298	5		12
7:50	296	33		1.8
8:05	295	33		1.8
8:20	295	33		1.8
8:35	294	33		1.8
8:50	293	33		1.8
9:05	293	33		1.8
9:20	292	33		1.8
9:35	292	33		1.8
9:50	292	33		1.8
10:05	291	33		1.8
10:20	290	33		1.8
10:35	291	33		1.8
10:50	292	33		1.8
11:05	294	33		1.8
11:20	293	33		1.8
11:35	292	33		1.8
11:50	290	33		1.8
12:05	291	33		1.8
12:20	293	33		1.8
12:35	292	33		1.8
12:50	291	33		1.8

B 1	8539	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0700 <small>70 fill in this form completely 79</small>
<small>THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS</small>				

OWNER INFORMATION

Date Received (APA) **10/16/95**

CARMAN ASSOCIATES
15 Last Name Owner First Name 34

PO BOX 122
36 Street or RFD 55

ELLICOTT CITY MD 21043
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Joseph E. Mayne
Driller's Name 77 License No. 04

Joseph E. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy Md. 21771
Address

Joseph E. Mayne **9/28/95**
Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

H HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **280** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) **J**ETTED **D**RIVEN

AIR-ROTARY **AIR-PERCUSION** **ROTARY (Hydraulic Rotary)**

CABLE **REVERSE-ROTARY** **D**RIVE-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **G A P**

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-94-0700**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

LOCATION OF WELL

HOWARD
8 COUNTY 21

WARFIELDS GRANT
23 SUBDIVISION 42

SECTION **44** LOT **20**

LISBON
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **4 1/2** MI

FIELDER END COURT
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

S **E**
34 37

DISTANCE FROM ROAD **50** FT

ENTER FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County **A49482-R**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED **10/17/95** **A. M. Mullen** **10/17/96**
43 48 CO SIGNATURE EXP. DATE

NORTH GRID **530000** EAST GRID **0780000**
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

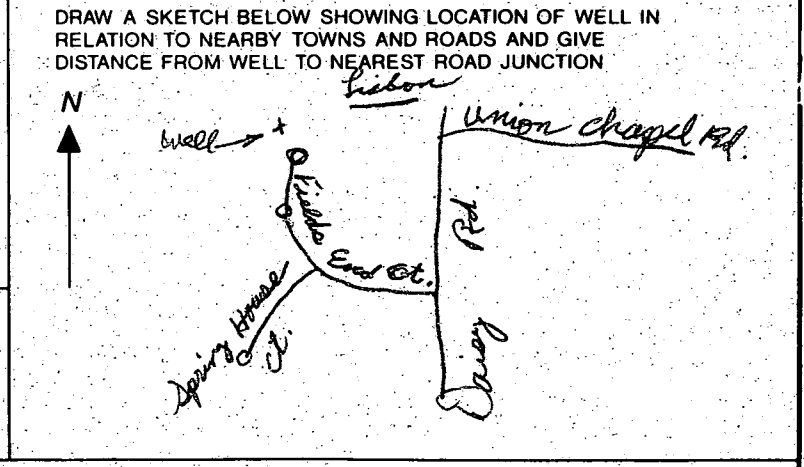
SOURCES OF DRILLING WATER

1. WELL
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

780
530

10/25/95
 9:30 good
 89 CASING
 24 BAGS GROUT } PER ORDER
 72 OPEN }
 SAMPLE TAKEN @ 9:30
 SITE OK *gg*



3846
 8815
 0184
 7984
 3588
 7687
 4708
 6072
 110
 412
 6159
 7806
 5374
 4606
 3437
 5581
 2393
 2526
 6051
 9222

- (99) COORDINATE POINT #
- (C/C 99) CURVE CENTER POINT #
- C-99 CURVE #
- ◆ SOIL PERCOLATION TEST LOCATION

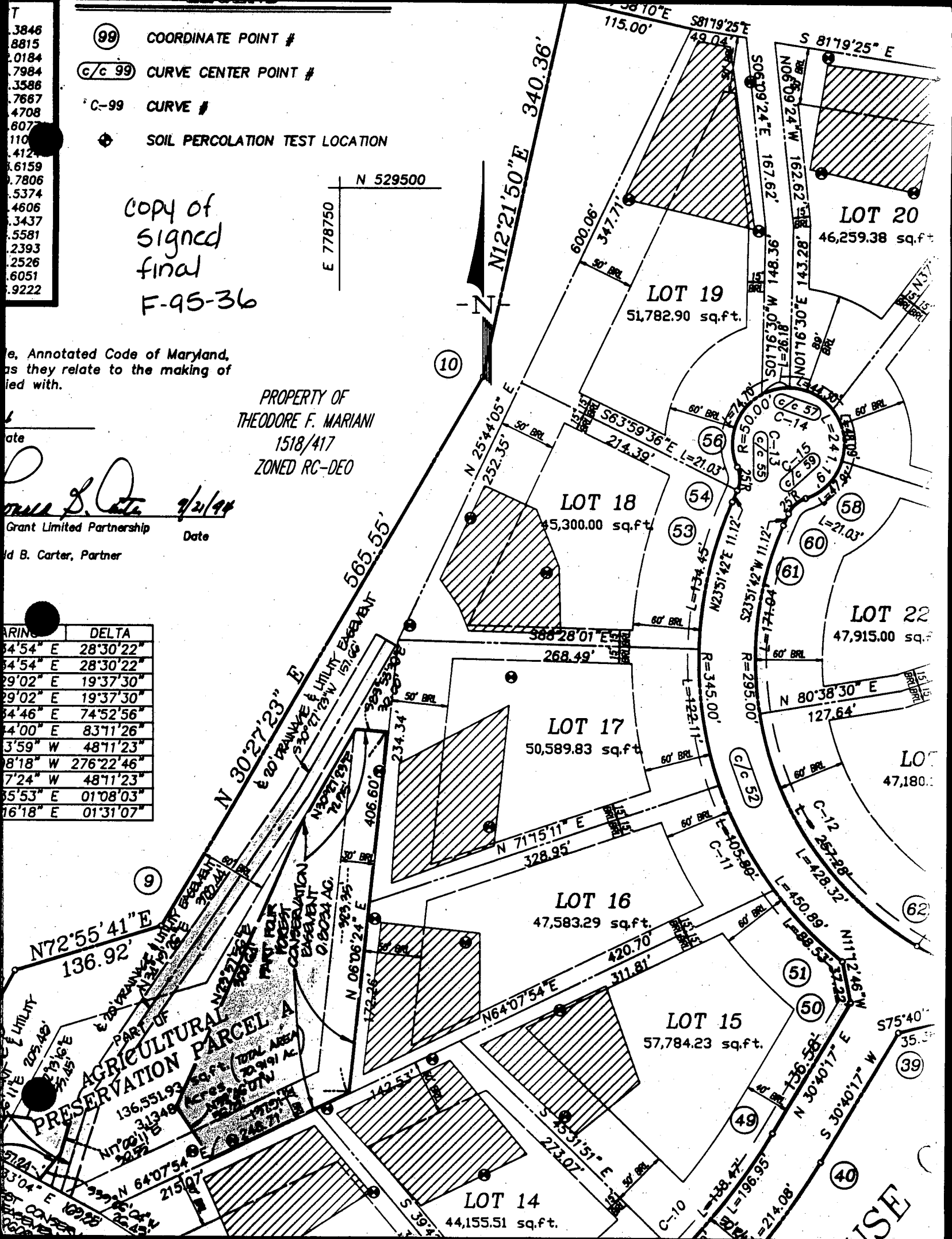
Copy of
 signed
 final
 F-95-36

e, Annotated Code of Maryland,
 as they relate to the making of
 ed with.

PROPERTY OF
 THEODORE F. MARIANI
 1518/417
 ZONED RC-DEO

Date
 Grant Limited Partnership
 Date
 B. Carter, Partner

BEARING	DELTA
84°54' E	28°30'22"
84°54' E	28°30'22"
29°02' E	19°37'30"
29°02' E	19°37'30"
84°46' E	74°52'56"
4°00' E	83°11'26"
3°59' W	48°11'23"
8°18' W	276°22'46"
7°24' W	48°11'23"
85°53' E	01°08'03"
16°18' E	01°31'07"



USE

APPLICATION

PERCOLATION TESTING

A 49482R
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____
DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER: WARFIELDS GRANT LTD. PARTNERSHIP ^{Trinity Custom Homes, Inc.} to Ronald B. Carter

ADDRESS P.O. Box 122 ELLICOTT CITY MD. 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER ATTN: Zach Fisch

ADDRESS 9171 BALTIMORE NATIONAL PIKE ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 20

ROAD AND DESCRIPTION Daisy Road (16036 Fields End Court)

TAX MAP 13 PARCEL # 128
SIZE OF LOT 1 AC. ± TYPE BLDG. _____
BLDG. PERMIT SIGNED
RETURNED 9-10-98
Serial # 310111524
S.F.D. - 4/Born
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Zacharia G. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

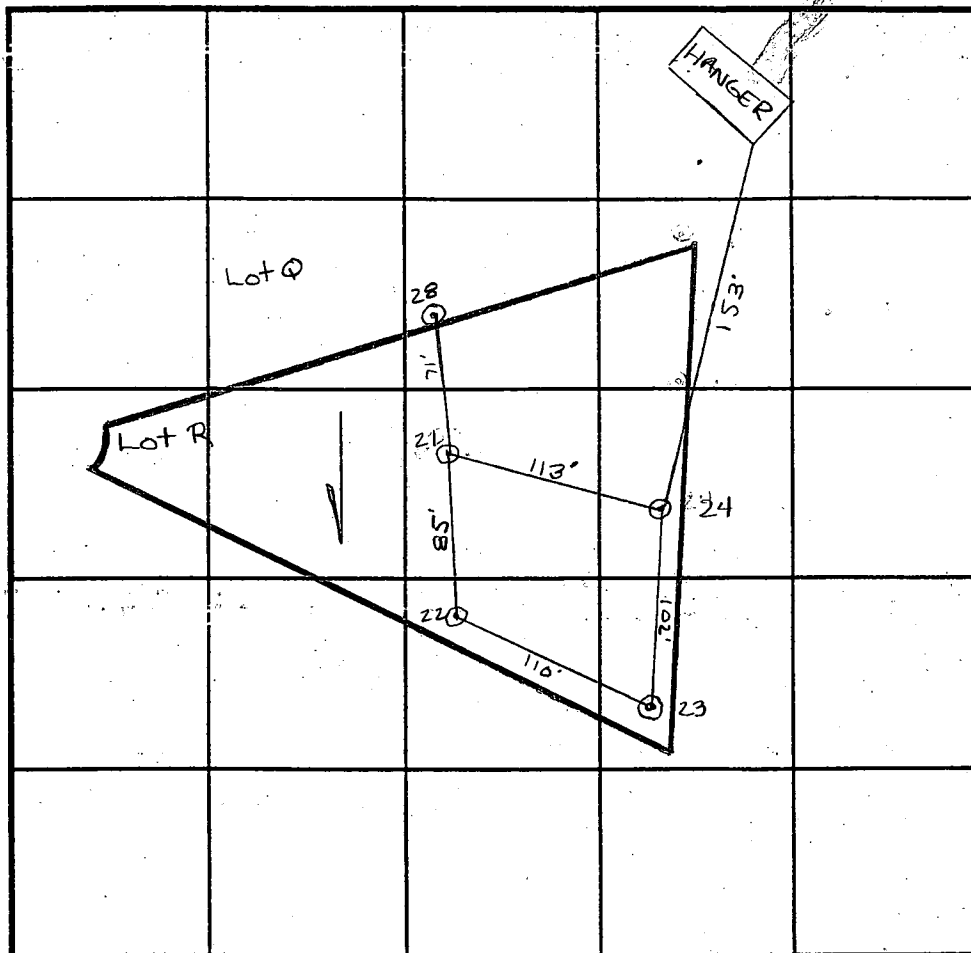
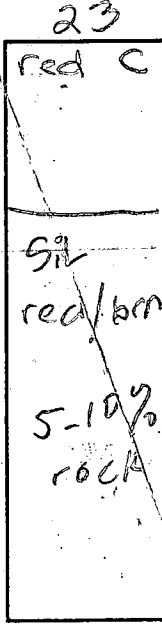
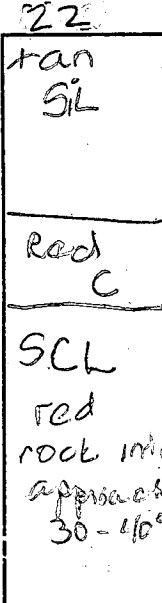
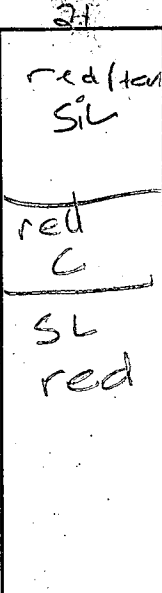
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A49482R

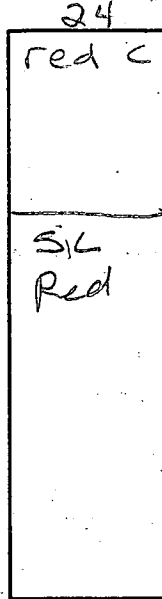
COUNTY #

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	21	VII 4 1/2	10:20 ¹²	10:21 ¹⁵	10:21 ¹⁵	10:23 ¹⁰	2
		8	10:21 ⁰⁵	10:23 ⁹	10:23 ⁹	10:25 ²⁰	2
	22	VII 6	10:27 ³⁰	10:29 ³⁰	10:29 ³⁰	10:31 ⁴⁰	2
	23	VII 5	10:32 ³⁰	10:34 ⁴⁰	10:34 ⁴⁰	10:36 ⁴⁰	2
	24	VII 6	10:38 ⁵⁰	10:40 ³⁰	10:40 ³⁰	10:42 ⁴⁰	2
		VII 9 1/2	10:38 ⁴⁰	10:41 ⁴⁰	10:41 ⁴⁰	10:47 ¹⁰	6

REMARKS Test 28 can be found in A49482Q

TYPE OF SOIL Chester

TESTED BY Amy McMillen / Cweller ALSO PRESENT Cissie / Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

IN ACCOUNT WITH

RALPH MAYNE, INC.

WELL DRILLER Phone (301) 829-0702

9120 Brown Church Road, Mt. Airy, Maryland 21771

Date Sept 8 1998

To: Howard County Health Dept.

% GLEN SAUSAGE

% SALLY HODGE

TRINITY BUILDERS

Annual rate of 18 percent will be added to all unpaid balances.

IN REF TO LOT 20 SEC II

SUB - WARFIELD'S GRANT,

THIS WELL WAS REPAIRED
BETWEEN APRIL 2 AND APRIL 7TH OF 1998

WELL WAS REPAIRED BY ADDING 2 FT OF
STEEL CASING THAT MADE WELL ABOUT
2 FT ABOVE GROUND LEVEL
A NEW BUY TITE WELL CAP WAS PUT ON
AND WELL TAG

Thank you

Ralph E. Mayne

MSD 117

A COPY OF THIS HAS BEEN FAX
TO GLEN SAUSAGE OF THE HOWARD COUNTY HEALTH DEPT.

WELL WAS PRODUCING AT TIME DRILLED _____ G.P.M.

FAX # 313-2648

IN ACCOUNT WITH
RALPH MAYNE, INC.
WELL DRILLER Phone (301) 829-0702
9120 Brown Church Road, Mt. Airy, Maryland 21771

Date SEP 8 1998

To: Howard County Health Dept.
Ch GLEN SAUSAGE

Annual rate of 18 percent will be added to all unpaid balances.

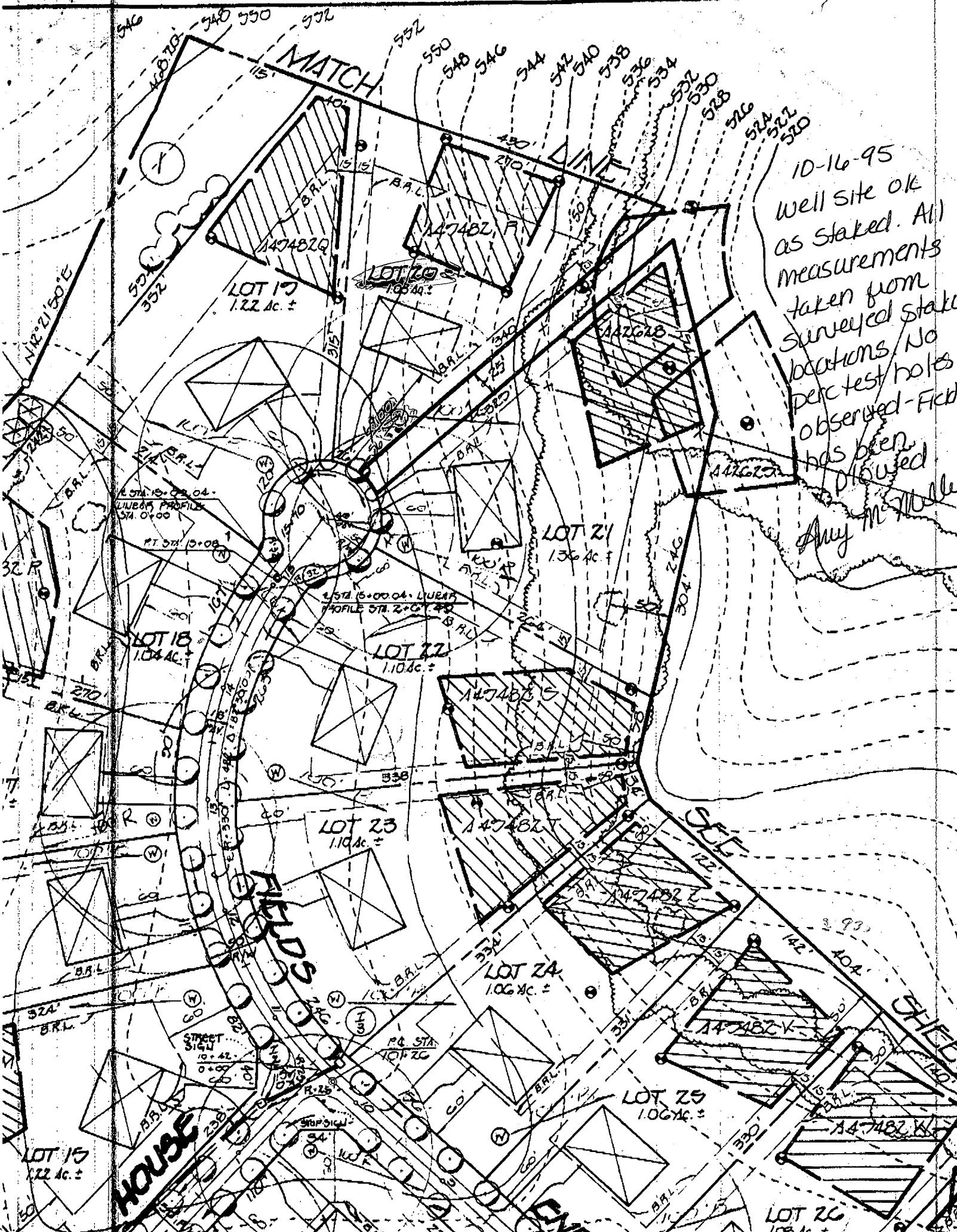
IN Ref TO Lot 20 Sec II
Sub - WARFIELD'S GRAVE

This well was repaired
Between APRIL 2 and APRIL 7th OF 1998

Well was repaired by adding 1 set of
Steel casing that made well about
2' ABOVE Ground level.
A new buy type well cap was put on
and well tag

Thank You
Ralph E. Mayne
M50 117

WELL WAS PRODUCING AT TIME DRILLED _____ G.P.M.



10-16-95
 Well site ok
 as staked. All
 measurements
 taken from
 surveyed stake
 locations. No
 perc test holes
 observed - Field
 has been
 doubted
 Amy McMillan

11/9/95 logged DRB
 Lab No. Date Received

C301897 825 8

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number HO-2599 Name CARMAV ASSOCIATES County HOWARD County Code 13

Source WARFIELD'S GRANT LOT 20 Date Category Code 9F

Collected: Date 10/25/95 Time 9:30 Collector & Phone G. SAVAGE 313-2640 Submitter Code ---

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input checked="" type="checkbox"/>	Federal Project <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input type="checkbox"/>	
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>	

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced Acid Type of Acid H₂SO₄

pH ≥ 6.0 Chlorine: Free Total Specific Conductance WR

Notes to Lab/Remarks:

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrate, N	00630			2.7	10-26-95	BR
	pH*, Ca CO ₃ SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01

Section Chief Asoka I. Katumuluwa

Date Reported OCT 27 1995

RECEIVED
HOWARD CO. HEALTH DEPT
ENVIRONMENTAL HEALTH

95 NOV -3 PM 12:08

Partial List of Submitter Codes

Code Description

1-30 County Codes
41 Individual Septics & Wells Program
42 Water Supply Program
43 Recreational Sanitation & Migrant
Camps, DHMH
44 STP Inspection Division
45 Hazardous & Solid Waste Admin.
(Landfill Samples)
46 Pre-Treatment Enforcement Division
48 Licensing and Certification, DHMH
52 Water Quality Monitoring Program

Code Description

53 Chesapeake Bay & Special Projects
59 Standard & Certification Program
63 Division of Food Control
64 Engineering & Maintenance, DHMH
65 Division of Community Services
66 Office of Attorney General
67 Dept. of General Services
77 E.P.A.
91 State Highway Administration
96 L.U.S.T./U.S.T./CERCLA
99 Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

Code Description

S Safe Drinking Water Act (SDWA)
R Resource Conservation and
Recovery Act (RCRA)

Code Description

N National Pollution Discharge
Elimination System (NPDES)
M Miscellaneous (Other)

Partial List of Data Category Codes

Code Description

1F Sediment Samples
2A Industrial Effluents/Compliance
2B Industrial Grab
2C Municipal Compliance
2D Municipal Grab
4A MCL Surveys
4B Routine Monitoring & Other
Communities
4D Potable - County Community
4E Potable - Non Community
4F Potable - Private Wells
4G Real Estate Trans./Charge Samples

Code Description

2F Innovative Disposal
5A Solid Waste/Landfills
5B Kidney Dialysis
5C Commercial Bottled Waters
5D Misc. Wastewaters
5E Misc. River/Stream
5F Misc. Drinking Water
5G Swimming Pools
5H Marine or Estuarine Natural Bathing
Areas

Partial List of Error Codes

Code Description

A Laboratory Accident
C Mechanical/Materials failure
D Insufficient Sample
E Sample past holding time

Code Description

J Wrong sample type
RR No sample received
X Improper preservation
LL Mislabeled sample

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 12-2-98

Name of Installer S.K. Plumbing & Heating Inc

Telephone 410-975-0360
Fax 410-975-2019

License Number 12265 Maryland State Virgil Kee-
Certified Well Pump Installer _____ Well Driller _____

Registered Plumber Yes
Master _____

Name of Property Owner Trinity Custom Homes
Subdivision Winfields Grant Lot # 20
Site Address 11030 Fields End Court

Telephone _____
Well Tag # 150-94-0700

PUMP

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible Yes
- Make Jacuzzi
- Model # _____
- Capacity 5 GPM

- Motor
- Horsepower 3/4
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220 Yes

- Fitless Adapter
- Make _____
 - Model # _____
 - Depth 42"

- Pump exceeds well capacity Yes X No _____
- If Yes, is low pressure cutoff switch installed? Yes X No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other None

- Tank Well-t-tail 302
- Capacity 120 gal
 - Pressure relief valve? Yes

- Piping
- Type P.E.
 - Size 1"
 - NSF and/or BOCA Code approved Yes
 - Depth of supply line 42'

- Well data
- Depth 345 ft.
 - Yield 7.5 GPM
 - Static water level 39 ft
 - Will water supply be disinfected by installer? Yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

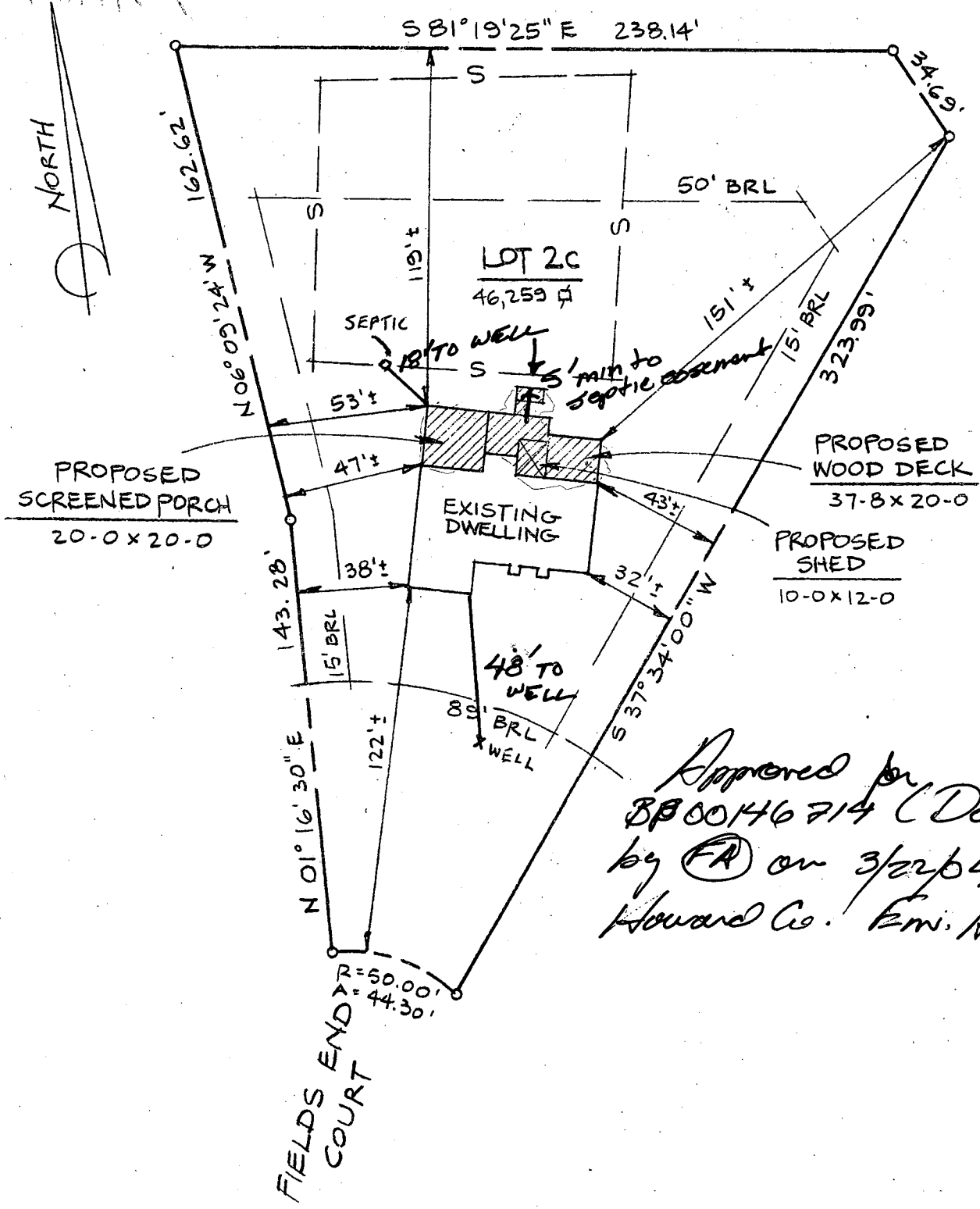
All information given above is true to the best of my knowledge.

Signature of Applicant. [Signature]

Date: 12/2/98

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

2 SHTS
10/1/03



MORGAN, CAROL & JIM		16036 FIELDS END CT. WOODBINE, MD 21797	
DAP RESIDENTIAL DRAFTING & DESIGN	SCALE: 1" = 50'	DATE: 10/27/03	
JAMES BRYLA CONTRACTING 5823 CORPORAL JONES CT. MT. AIRY, MD. 21771			